BEST AVAILABLE COPY

								Application or Docket Number							
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									SP 24733767						
CLAIMS AS FILED - PART I									SMALL ENTITY			OTHER	THAN		
			(Column	1)	(Column 2)			TYPE			OR SMALL ENTITY				
TOTAL CLAIMS								RATE		FEE		RATE	FEE		
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC F	ΈE	355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			29 minus 20=		. 9			X\$ 9=			OR	X\$18=	1108		
INDEPENDENT CLAIMS			5 minus 3 =		2			X40=			OR	X80=	110		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+135=			OR	+270=	\		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	Ļ		OR	TOTAL	1932		
CLAIMS AS AMENDED - PART II												OTHER			
(Column 1)				(Colui	ALCOHOL: NAME OF TAXABLE PARTY.	(Column 3)		SMALL ENTITY		OR	SMALL	ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER			BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL		RATE	ADDI- TIONAL		
		AMENDMENT		PAID	FOR					FEE			:-FEE		
	Total	- 01	Minus	** . 0	77_	= /		X\$ 9	=		OR	X\$18=			
AME	Independent	• 0	Minus	***	<u>/ ('</u>	[=		X40=	=		OR	X80=	·		
Ц	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	CLAIM		J	+135	=		OR	+270=			
								TO1			OR	TOTAL ADDIT. FEE	,		
	(Column 1) (Column 2) (Column 3)							ADDIT. F	EE (1	AUUII. FEE			
AMENDMENT B		CLAIMS		HIGH	HEST		1			ADDI-			ADDI-		
		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	Ξ,	TIONAL FEE	•	RATE	TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9	=		OR	X\$18=			
	Independent	•	Minus	•••		<u> </u>	1	X40=	=		OR	X80=			
Ĺ	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	T CLAIM		j	+135	_	······································	OR	+270=			
								TO			OR	TOTAL			
		(0-1		/Only	0	(Calumn 0		ADDIT. F	EE		,	ADDIT. FEE			
		(Column 1) CLAIMS			mn 2) HEST	(Column 3	4		_	ADDI	ı		I ADDI		
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER OUSLY FOR	PRESENT		RATE	≣	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Z D W	Total	•	Minus	**		=		X\$ 9	-	· ==	OR	X\$18=			
W	Independent	•	Minus	***		=		X40=			1	X80=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_		OR				
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=			
**	If the "Highest Nu	mber Previously P	aid For" IN TH	IS SPACE	is less tha	ın 20, enter "20	0."	TOT ADDIT. F			OR	TOTAL ADDIT. FEE			
		mber Previously P nber Previously Pa						ound in the	в ар	propriate bo	x in co	olumn 1.			